

**MULTIPLE DEFENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 170-570)**

CERT. NO.  
**01270834**  
ATTORNEY

FILED DATE  
**3-18-99**

**CLAIMS**

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23	1		1			
24		1		1		
25		1		1		
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46						
47						
48						
49						
50						
TOTAL NO.	6		10			
TOTAL DEF.	19		19			
TOTAL	25		29			

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
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70						
71						
72						
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100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						